# Candidate Intention Statement

**Check One:** ☑ Initial ☐ Amendment (Explain) _____

_____

Filed
Date Stamp
MAY 19 2023
Tuolumne County Clerk
By _____ Deputy

CALIFORNIA FORM **501**
For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): ~~Jaron Brand~~ Brandon, Jaron E

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( ) —

EMAIL (optional): jaronbrandon@gmail.com

STREET ADDRESS: [redacted]

CITY: Columbia

STATE: CA

ZIP CODE: 95310

OFFICE SOUGHT (POSITION TITLE): County Supervisor, District 5

AGENCY NAME: Tuolumne County Board

DISTRICT NUMBER, if applicable: 5

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE: NPP

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☑ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2024 (Year of Election)

(Check one box, if applicable.)

☑ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

## 2. State Candidate Expenditure Limit Statement:

*(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)*

(Check one box)

☐ **I accept** the voluntary expenditure ceiling for the election stated above.

☐ **I do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

○ I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the [redacted] correct.

Executed on 05/19/23 (month, day, year)

Signature [redacted]